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ABSTRACT

This manual offers school personnel a guide for setting up support groups, particularly chemical abuse support groups. It describes how to integrate the groups into the regular school program and help students who want and need support, thereby creating a safe school environment in which drug free students and schools are possible. These topics are discussed: (1) group membership; (2) support group as a learner-centered educational experience; (3) purposes of the support group; (4) support groups and the function of schools; (5) support groups as an educational process; (6) developmental stages and chemical dependency; (7) the facilitator's role; (8) referring students to the group; (9) naming the group; (10) group leadership; (11) planning for the group; (12) scheduling the group; (13) confidentiality; (14) group rules; (15) supervision; (16) evaluation; (17) students as resources; (18) training resources; and (19) goals and objectives for alcohol and other drug support groups. Almost one-half of the document consists of additional material (sample forms and letters, rating scales, program flow chart, etc.) included in the appendices. (ABL)

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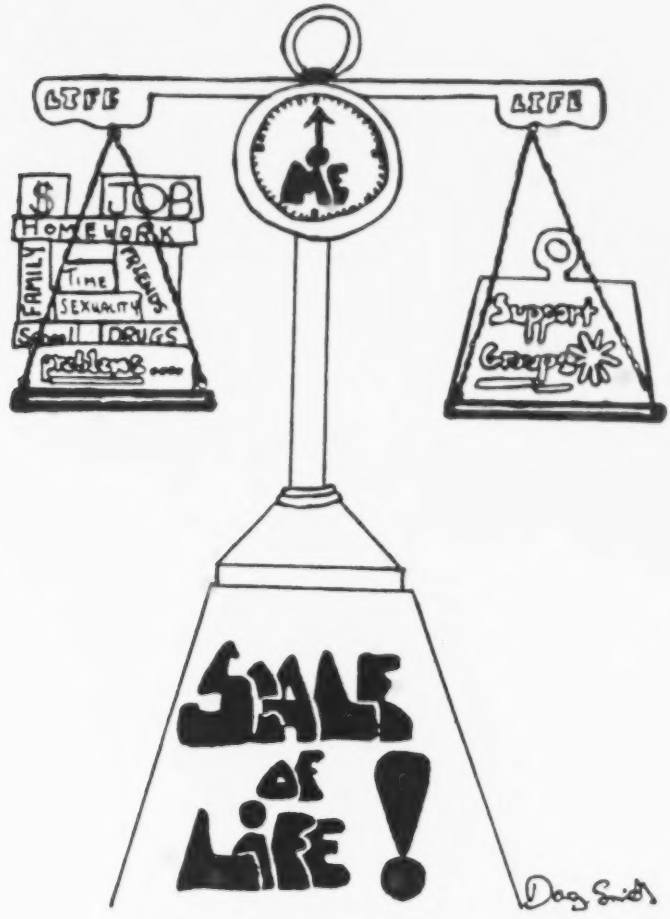
Guidelines
For
Setting Up Support Groups In The Schools



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Bureau of Instruction
Maine Department of Educational and Cultural Services

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Students need both encouragement to attain higher goals and support to face predictable life crises in order to increase their aspirations. We know that some students — an estimated one in three — grow up in a chemical dependent family, and that they are at high risk to become chemically dependent and suffer from emotional abuse or neglect. If students are to feel good about themselves, which is so important to their succeeding academically, they need to have social skills to collaborate effectively with others. They need to learn appropriate communication, leadership, trust, decision making and conflict management skills. Moreover, they need a safe place to learn and practice those skills in the school setting.

Support groups have become an important tool to increase students' aspirations. I have personally visited support groups and seen students who might have chosen to be quiet learn that they have something to offer. Through the dialogue in the group, students share their personal strengths, learn how to act appropriately in a group, including the classroom, and gain information about coping with critical life events.

I am pleased that support groups are providing students with the skills to reach their full potential. This manual offers school personnel a guide to setting up the groups, integrating the groups into the regular school program and helping students who want and need our support. With these support groups, we can move ahead to create a safe school environment in which drug free students and schools are possible.

Eve M. Bither

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"In the sense
in which a person
can ever be said
to be at home in the world,
a person is at home
not through dominating,
or explaining,
or appreciating,
but through caring
and being cared for... ."

ON CARING, Milton Mayeroff

Preface

Roles and Responsibilities Within a Chemical Dependency Assistance Program

The development of a chemical dependency assistance program increases a school's ability to intervene earlier with troubled students. At the same time, it increases the school's responsibilities in managing students with problems caused by chemical abuse or dependency. Establishing policy and procedures for dealing with those students ensures that the administration and other school personnel understand their responsibilities. In addition to understanding appropriate policy procedures, administrators and faculty members need to have definitions of their exact roles and responsibilities within the chemical dependency assistance program. The new insights into chemical abuse and dependency that school personnel acquire through in-service and awareness programs will prompt questions as to how the new knowledge should be used in dealing with students.

The role for teachers is to use their new knowledge to identify students who may have a problem and refer them to an appropriate resource. This becomes part of their normal job responsibility for managing and monitoring classroom behavior. Administrators retain their responsibilities to interpret school policy, apply appropriate procedures, and enforce rules. Their action with a student who breaks a rule regarding chemicals may include a referral for help and/or suspension. New awareness of chemical dependency will make it possible for teachers and administrators to observe, document, and confront students regarding behavior and performance, and subsequently make necessary referrals for help.

The functions to be fulfilled within a chemical dependency assistance program need to be separated and assigned to someone with specialized knowledge and skills, such as guidance counselors or social workers. Those functions employ strategies to manage chemical problems when the symptoms first appear and are relatively easy to correct (secondary prevention). Secondary prevention's primary strategy is early intervention, which is the goal of a chemical dependency assistance program. *The six functions of a chemical dependency assistance program are to:*

1. identify and assess the nature and severity of the problem,
2. refer students to self-help or to clinical evaluation for treatment,
3. follow-up on students returning from treatment, and set up relapse prevention plans,
4. coordinate support groups and peer helper programs,
5. counsel individual students and/or their families, and
6. consult with school staff about chemical dependency issues.

These functions may be fulfilled by a staff person within the local education agency, or they may be provided through contracts with outside service agencies. The local education agency must determine how to best provide necessary services in all of its schools. It is as important to provide assistance for affected children in the elementary schools as it is to provide help for high school students.

The four models being used to provide these services to students are:

1. the **coordinator model**, in which the school hires a staff person to manage all aspects of the chemical dependency assistance program;
2. the **consultant model**, in which the school hires consultants to assess, refer, and follow-up students, run support groups, and train staff;
3. the **student assistance team model**, in which a team of school staff persons coordinates assessments, referrals, and follow-up; and assigns, trains, and runs support groups;
4. the **eclectic model**, in which components of all of the other models are used to provide services. This is the most commonly used model.

In considering which model to use, the local education agency needs to determine if there are individuals on staff who can provide the necessary services. It also needs to consider the impact that delegating services to outside agencies will have on institutionalizing a comprehensive program within the school system. It may prove beneficial to hire consultants to provide some services while simultaneously training school staff who can assume longer term responsibility for those services. In that way the school can move from a consultant model to a coordinator model over a period of time. The more that services are directly provided by the schools, the greater the possibility of intervening early with students because communication is direct and sequential within the chemical dependency assistance program. Regardless of the model a local education agency chooses to use, there should be a core group of administrators and faculty that coordinates the overall chemical dependency assistance program.

The delineation of staff functions, as they relate to any of these models, can be explained through a diagram that may be incorporated into the school's description of procedures (Appendix A, page 25). Ideally, this should be done in the early stages of program development, before staff in-service, to allay apprehension regarding roles and responsibilities within the chemical dependency assistance program.

In establishing a chemical dependency assistance program within any of these models, the local education agency's role does not include any treatment of students. It is the responsibility of qualified outpatient or inpatient facilities to evaluate and treat chemically dependent or affected students and their families. The school's responsibilities are to offer options within the school that may lead to a referral for clinical evaluation and treatment, and to provide support services for students during and after treatment. Diagram, Appendix B, page 26 illustrates this flow of responsibilities and services.

A chemical dependency assistance program is an essential component of a comprehensive school-based chemical dependency prevention and intervention program. The establishment of policies and procedures that clearly define the roles of staff and the functions of the program coordinator(s) will assure the successful institutionalization of the program in the school system.

This preface has been approved by the Maine Association of Substance Abuse Providers representing the majority of licensed and/or certified substance abuse providers in Maine.

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We are indebted to the ideas of **Gary L. Anderson** whose booklet, *The Student Assistance Program: An Overview and Performance-based Program for Identifying and Assisting Troubled Students in the School Setting*. (Madison, Wisconsin: Department of Health and Social Services, Bureau of Alcohol and Other Drug Abuse, 1979) is a valuable resource.

We would like to acknowledge all the **support group leaders** who have worked with groups and assisted in the preparation of this publication. Our particular thanks go to:

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We especially thank **Sally Dobres Spang** for editing this document, *Guidelines for Setting Up Support Groups in the Schools*.

I. Introduction

A school chemical dependency assistance program is designed to manage the problems associated with chemical use, abuse, and dependency among students. Schools must set up policy and procedures to deal directly with students who are harmfully involved in chemical use, and school personnel need to know where and how to refer troubled students. Support groups are one important step in the process of helping students get the necessary support and assistance they need since it is in the groups that students can talk about problems and obtain help.

When groups are set up to focus on alcohol and/or other drug use and its effect on family members, the non-user and non-affected student is left out. Yet, the "fence-sitter" who has not used and may not want support for non-use also needs a group. To discuss these concerns, this student can attend a generic support group or peer-helping group. This student can best be helped by comprehensive primary prevention programs, and therefore does not fall within the guidelines of a chemical dependency assistance program whose purpose is to assist students who have already identified their chemical abuse or dependency problems.[1]

Setting up a support group requires careful planning and consideration of the group's impact on the school. The school needs an alcohol and other drug policy so that administrators know that the ultimate goals of the support group are: a referral procedure so that teachers know where to refer a student, faculty and student awareness training so that adults and students know that they can talk openly about chemical dependency, and training for support group facilitators so that they can run groups effectively. Once a support group begins to meet, administrators arrange for schedules and rooms, teachers manage the changes in schedules, and students attend these new groups, all of which require careful planning and coordination. The purpose of these guidelines for planning and conducting support groups is to help administrators, teachers, and facilitators integrate groups into the school's chemical dependency assistance program.

II. Group Membership

At the outset, schools choose between establishing groups designed to deal exclusively with alcohol and other drug issues or setting up more generic groups in which students' alcohol and/or drug concerns emerge along with other problems. Either type of group can be successful as long as the school is consistent in its selection and placement of students so that students hear a clear message about who should attend the group.

When groups are set up specifically to focus on chemical abuse, they generally must be further sub-divided according to the student's involvement with chemicals. The **assessment group** is for the experimenter, user, or harmfully dependent adolescent who joins to assess his/her involvement with alcohol or other drugs. The **concerned persons group** is comprised of adolescents who live with and/or are friends with a chemically dependent person about whom they are concerned and by whom they are affected. This group really consists of students who have been influenced quite differently by chemical dependency. The concerned student may just be worried about a friend or relative, whereas the affected student usually is emotionally harmed by the chemically dependent person and the inevitable family disruption. However, both can benefit by attending the same concerned persons group. A third group, the recovering students group, helps the **recovering adolescent** deal with sobriety.

These groups have distinct goals and objectives which are described in detail in chapter twenty. Briefly, the goals reflect the concerns and needs of the group members. In the assessment group, students learn about chemical dependency as a disease, discuss and assess their own use with other group members, and decide if they may need more help. In the concerned persons group, students learn about living with a chemically dependent person and learn that the feelings of guilt, resentment, and anger which have made them feel out of control are a normal response to living with an alcoholic. They receive help from other affected students and support to make the changes that are feasible given the family problems. In the recovering group, students learn how to adjust to a chemical-free life style, how to handle peer pressure to use alcohol or other drugs again, and how to cope with the mixed feelings of hope and despair which often follow treatment. Students may stay involved in this group for two years, which is the normal length of time for rehabilitation.

1. For more information on primary prevention programs, such as curriculum, chemical-free events, and student awarenesses, contact the Division of Alcohol and Drug Education Services. In particular see "Guidelines for Planning and Conducting Student Awareness Programs" by Bruce Spang, 1987, reports on "Project Graduation"; Chapter XVIII, "Students as Resources," in this publication, and other information on Grades 7-12 prevention curriculum.

The generic group includes students who have many different problems. Some students may have failed a number of classes, others may have broken school rules, others may have unplanned pregnancies, and others may have just returned from treatment. In these heterogeneous groups, students learn how to support one another and to solve their problems. Since most adolescents, even those not explicitly seeking help, are interested in and concerned about alcohol and other drugs, these topics are likely to be raised in group. Even if those issues are not discussed, the skills students learn in generic groups in connection with other problems are transferable to their alcohol and other drug issues. As they learn to get support, to identify problems, to express feelings, and to make rational decisions, they often find that they are able to make better decisions about chemical use. In fact, after talking about other issues without the spotlight focused too intently on alcohol and other drugs, they may feel even safer in honestly discussing experiences they may have had with them.

III. The Support Group as a Learner-centered Educational Experience

Schools need the help of students to assist in planning, naming, training, operating, and evaluating effective support groups. The more students are involved, the better they feel about their participation, and the more likely are to use the group as a forum for change.

This involvement in the process provides students with a learner-centered experience. By actually planning the groups, assessing the goals and objectives, and participating in helping with the skills training, students learn about support groups first hand and become persuasive spokespersons for student participation in the groups. Instead of the facilitators having to take the responsibility for selling support groups to students, the participating students marshal support in their sub-groups. This direct involvement also lets students have invaluable educational opportunities to increase their skills in planning, decision making, organizing, and communicating. Throughout these guidelines, student participation is emphasized as a key ingredient in organizing and implementing each phase of support groups.

IV. Purposes of the Support Group

The support group functions as a safe environment for expressing feelings and a sense of belonging, and equally important, as a learning laboratory to gain self-acceptance and social skills.

These two functions are captured in the different meanings of the word *"support."* One definition of support is "to hold someone, to prevent them from falling, sinking, or slipping." This is an external support, the kind of help offered to one person by another. Support also means "to be able to withstand, to bear up." This internal support is characterized by inner strength and self-discipline. In a support group, students learn that with the help of friends, they can begin to deal with problems that previously discouraged or even defeated them. Inner strength develops as students begin to feel a sense of belonging to the group and value as group members. Competency in managing life problems develops as students learn to communicate with others and to practice decision-making skills.

The group experience is a powerful tool for helping adolescent students make positive changes in their lives, changes they may not be readily able to make in their own peer groups. In the peer group, adolescents learn how to separate from home; to live as individuals with their own values, friends, and interests; to experiment with adult behavior, and deal with alcohol and other drug use issues. The peer group bolsters adolescent attempts to escape from the constraints of childhood. It simultaneously increases adolescents' sense of being cut off from familiar values and support of the family without giving them the chance to decide which of those values and supports to retain and which to dismiss.

Since most peer groups highly value conformity and do not encourage or even tolerate discussion of ambivalent feelings about conflicting values or norms, adolescents need another way to sort out these ambivalences. Support groups provide a structured setting in which adolescents can address problems and ambivalent feelings about decisions they must make as they enter adult society. Groups allow students to observe one another in a safe setting and to realize that others have similar concerns about themselves, their relationships with others and their chemical use. By sharing personal experiences, students begin to gain control over their problems rather than feeling controlled by the problems. Groups provide a structured way for students to talk in confidence about issues that they would not feel safe discussing informally with their peers because of fears that someone would talk or consider them "weird." The groups become one bridge to discovering what changes students can make while still maintaining their individual identities.

V. Support Groups and the Functions of Schools

Within the school setting, students must learn basic social skills that are conducive to academic success. In his study, *A Place Called School*, John I. Goodlad notes that schools traditionally have four educational functions:

1. to teach and foster intellectual development, which includes the traditional mastering of basic skills in reading, writing, and arithmetic;
2. to provide career and vocational education to assure that students are aware of their career options and have basic skills in certain vocational specialties;
3. to encourage social development by offering opportunities to engage in activities which enhance the students' ability to interact socially;
4. to promote personal development which includes basic communication, self-awareness, and problem solving skills.

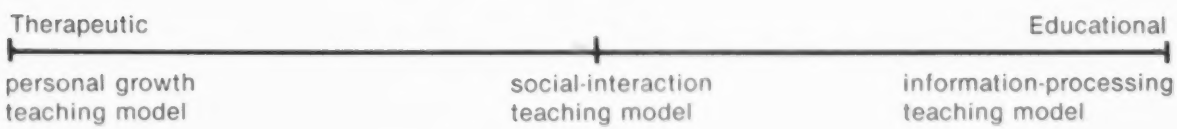
Although their primary obligations are to foster intellectual and vocational development, most schools and communities also recognize the need to promote social and personal development. Support groups, which have as their express aim the social and personal development of students, offer one way of helping schools meet these non-academic objectives.

Support groups help students resolve key developmental tasks. In support groups, students learn how to cope successfully with critical life events, to deal with problems that interfere with their learning, and to enhance their personal coping skills. Students grow and change as their ability increases to manage stress in their lives. They are subsequently less likely to become stuck or defeated than those who have never learned to solve their problems. Students who are able to successfully confront critical events such as the loss of a job, failing grades, rejection by a boyfriend or girlfriend, bereavement, or physical injury are more likely to succeed in resolving new problems. Such experiences lead to constructive attitudes and the ability to face other "lows" without feeling defeated. Students who respond effectively to problems are able to recognize the similarity between past and present events.[2] They have learned they can deal with problems, and are less likely to medicate them away with a chemical. They know how to get the necessary social support to work through problems by talking about them objectively with others.

Although support groups have a different function than classrooms, they do have specific educational functions. School administrators, therefore, need to make sure that the groups are not therapy groups which, by definition, predominantly deal with professionally diagnosed problems. In support groups, students learn social skills and discuss their problems. Any group which encourages students to learn better ways to resolve problems will have some broad therapeutic qualities. However, support groups focus on improving life-coping skills, that is, educating students in decision-making, refusal skills, communication, and problem solving. Support groups occupy a middle ground between feeling-oriented therapeutic groups and cognitively-oriented educational groups (see Figure #1), a territory known in educational theory as the social interaction teaching model.[3]

Figure #1

Teaching Models in Groups



2 Steven Danish, Anthony R. D'Augelli, and Allen L. Haver, *Helping Skills: A Basic Training Program*. (New York, NY: Human Science Press, 1980).
3 Bruce Joyce, *Models of Teaching*, 2nd ed. (New Jersey: Prentice-Hall, 1980).

VI. Support Groups as an Educational Process

The social interaction model encourages students to work on developmental issues related to their place in society and their ability to communicate with others. Adolescents affirm that one of their primary reasons for being in school is to be with friends; support groups draw on that natural interest.[4]

One social interaction instructional method is the cooperative learning strategy, which structures students' interactions so that each depends on and is accountable to the others for their learning.[5] Since cooperative learning is based on the assumption that self-esteem comes from peers — from being liked, accepted, and connected — it makes it likely that if one student reaches his/her goals, all students will do so. When used in the classroom, cooperative learning strategies increase student achievement. Two researchers, David and Roger Johnson, have established that:

> *Students who work together tend to have higher regard for school, for the subject they are studying, and for their teachers. They also develop more confidence in themselves.*[6]

Support groups use the same principles and strategies described in the Johnsons' research to help students gain self-confidence.

David Johnson found that students must possess four social skills to interact cooperatively with others and function in a classroom:

1. self-disclosing and building trust with others
2. communicating effectively with others
3. influencing and supporting others
4. managing conflicts constructively

These same skills are critical in order for students to develop into mature adults and succeed in the job market.

In support groups, students' natural interest in their peers provides the means to enhance individual achievement, to develop basic social competence, and to promote healthy development. Students have a chance to help each other, to hear other persons' points of view, and to relax from the relentless emphasis on achievement. Thereby, students enter the classroom better able to concentrate, perform, and work together.

VII. The Fatal Alliance: Development and Chemical Dependency

Children in different developmental stages view the world in very different ways. Young children rely on their perception of things as they attempt to make sense of reality. As a result, they can be fooled into believing that a ball of clay, once rolled out into a long sausage, is actually bigger than the original ball because it appears perceptually to be bigger.

Early adolescents (age 7-13) have learned to distinguish perception from reality, but are subject to their untested, often rigid, conception of reality. At home and school, with adults and friends, they rely on fixed roles and rules to define reality. Their outlook on life is based on **their** conception of it, how **they** fit in it, and what **they** can get from it without a true sense of what others are thinking—in short, a very egocentric outlook.

In the early-adolescent years, as children learn to identify their needs, they see the world through their needs. In this phase, their life aim is to learn how to have their needs met and be independent. Robert Kegan calls this construction of reality the "imperial phase." Children in this phase act very much like kings or queens who know what they want and expect adults to meet their needs. Children in this stage define adults as agents for meeting or frustrating their needs, fulfilling their wishes, pursuing their interests, and confirming their self-confidence. Instead of coordinating competing needs within themselves and experiencing the resulting conflict, early-adolescents project their conflicting needs onto adults and cast adults as the antagonistic holders of competing views. Adults may experience this as manipulation because youngsters in the imperial phase are not fully capable of seeing things outside their own point of view. They depend on and are vulnerable to how others react to them. Adults' reactions provide information they use in determining how they should act.[7]

4. John I. Goodlad, *A Place Called School* (New York: McGraw Hill, 1984). In a survey of students it was asked, "What is the **one** best thing about school." junior and senior students affirmed, "my friends" as the top choice, pg. 77.

5. David Johnson, and Roger Johnson, "Instructional Goal Structure — Cooperative, Competitive, or Individualistic," *Review of Educational Research*, Vol. 44, No. 2, or contact Cooperative Learning Center, 202 Pattee Hall, 150 Pillsbury Drive, SE, Minneapolis, MN 55455, tele: 612-624-7031, or Dr. Ray Glass, University of Maine Farmington, Professional Development Center, Farmington, ME 04938, tele: 207-778-3501.

6. Alfie Kohn, "It's Hard to Get Left Out of a Pair," *Psychology Today*, October 1987, pp. 53-57. See Cooperative Learning in "Suggested Reading," pg. 44.

7. Robert Kegan, — "The Child Behind the Mask: Sociopathy as Developmental Delay," W.H. Reid, J. W. Bonner III, D. Dorr and J.I. Walker, Eds. *Unmasking the Psychopath* (New York: W.W. Norton, 1987) and Kegan, *The Evolving Self: Problem and Process in Human Development* (Cambridge: Harvard University Press, 1983).

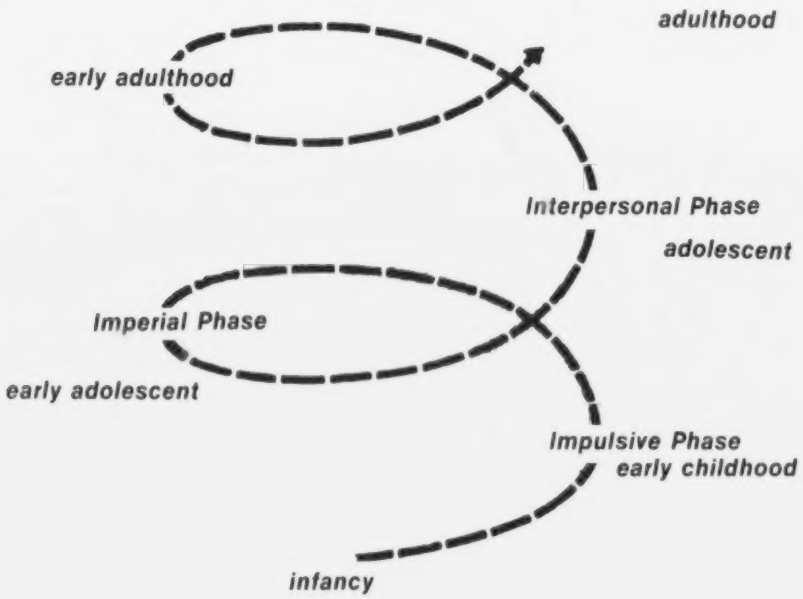
The outlook of adolescents (age 14-17) is based more on the understanding of "what is" and "what can and ought to be." Adolescents formulate hypotheses and respond to and hold many points of view. They have entered into and can cope with a social world which demands negotiating their own interests and needs with others, i.e., an interpersonal world (see Figure #2).

Because children at different developmental stages see the world differently — and therefore experience reality differently — alcohol and other drugs affect them differently.

The thoughts and behaviors of a normal early-adolescent are similar to those of a chemically dependent persons. Few studies have examined the relation between chemical dependency and normal development, yet there is little doubt that the earlier persons begin to use chemicals, the more at risk they are to chemical dependency.

Figure #2

Shifts in Adolescent Development
(based on Robert Kegan's Model)



In the chemical dependency field, an early-adolescent's tendency to become addicted more rapidly than an adult is generally accepted and explained by the "rule of fives." The early-adolescent (7 to 13 years old) can become addicted in **five** to fifteen weeks after onset of use; the adolescent (14 to 17 years old) can become addicted in five to fifteen months; and an adult can become addicted in five to fifteen years. This non-scientific guide recognizes that the later a person initiates regular use, the fewer the risks are of becoming chemically dependent.

Recent research on development and early-adolescents has identified two reasons why early-adolescents are at higher risk than adults. First, they view the world egocentrically, as does a chemically dependent person. Second, early-adolescents are still establishing their identity and, therefore, are more readily influenced by an outside agent, be that a chemical or a person.

In progressing from one developmental step to the next, individuals reconstruct their outlook, their way of seeing the world. As individuals move from one way of seeing the world to another, they suffer immense conflict and confusion about "who I am." This confusion is most intense during transitional periods when individuals are no longer what they were but are not, as yet, what they are striving to be. Teenagers are most at risk of chemical use as they move out of a world dominated by their automony, control of their own needs, into a world revolving around a group identity, cliques and groups where the "we is me."

Support groups help students move from their self-centered world into a more socially centered one. Moreover, knowing that any such shift takes a minimum of **two years** — two years of wavering between the old way of seeing the world and flirting with the new — support groups help students grieve the loss associated with this major change in lifestyle and world view.

Addiction is defined as "compulsive drug use characterized by an overwhelming involvement with the use of a drug, the securing of its supply, and a high tendency to relapse after withdrawal."[8] Simply stated, addicts see the world through their need for the chemical; they arrange their lives around the use of the chemical. They are subject to its control. The compulsive need for a chemical is quite like the obsession of early adolescents with getting their own way.

When imperial phase children start using a chemical regularly, they are already prone to act and think like chemically dependent persons. They see the world as a place to get their primary needs met, yet do not acknowledge responsibility for their actions. They blame others for not letting them have their way, just as chemically dependent persons do. Adults tend to label this way of thinking as "denial," when denying responsibility and blaming others are normal ways for 7 to 13 year olds to see the world!

Pointing out this similarity between the imperial phase and the chemically dependent self does not imply a strict, casual realtionship as much as it clarifies why early-adolescents are at greater risk to become chemically dependent: chemical addiction merges with and heightens the early-adolescents' already intrinsic drive to get their needs met.

Early-adolescents who are recovering from chemical dependency do not have immediate changes in thinking or behavior. Being chemical-free may only initiate a two-year developmental struggle to leave the egocentric imperial phase and become a more sociocentric, interpersonal self. If early adolescents belong to support groups which acknowledge their selfishness, yet appeal to their desire to belong, they can gradually give up having to get their own way and learn to respect the needs of others in the group.

VIII. The Facilitator's Role in Support Groups

Early-adolescents need to know they are capable of getting their needs met. Facilitators need to acknowledge that, because of the way they view the world, early adolescents feel they are not being treated fairly when adults do not meet their needs. By accepting the imperial self's way of seeing the world, the facilitator can teach youngsters the social skills they need and offer them one-to-one friendships with more mature members of the group as a bridge to the interpersonal way of seeing the world.

As early-adolescents learn to participate in social institutions and take pleasure in their increasingly competent exercise of social roles (family members, peer, pupil), they learn to trust others. For this to occur, they need to be included and recognized in social institutions which they experience as fair, committed to some shared purposes, and above all, led by people who are competent at what they do. Acceptance within social institutions that recognize students' needs encourages their developmental desire to take care of themselves.

To promote the imperial self's movement out of egocentrism, the facilitator:

1. involves early adolescents in deciding on group rules by which everyone will abide. This is one step into cooperative problem-solving and the interpersonal world;
2. teaches students about their roles as listeners and encourages in a group; and
3. teaches basic communication, problem-solving, refusal, assertiveness, and decision-making skills — all of which give them the power to take control of their lives **and** the capacity to be with others.

8 Thomas E. Bratten, and Gary G. Forrest, *Alcoholism and Substance Abuse*. (London: The Free Press, Collier MacMillan Pub., 1985).

Once adolescents shed the spell of their imperial phase, they can see and feel strong obligations to other people. Instead of being oriented mostly toward self needs, they become able to balance their needs with the needs of other people and to identify themselves in relation to the other. The "I" becomes strongly submerged in the "we" — i.e., the group, the crowd, the clique. When students reach this interpersonal identity and are able to preceive the needs of others and their own needs, they can function effectively in a group, learn to identify differences between themselves and other group members, and discuss the hurt or rejection that they feel at the hands of self-centered group members.

The facilitator's task with students who have the capacity to see other points of view is to enhance their existing social, problem-solving, and refusal skills so they can balance their yearning to belong with their need to articulate their own values. Instead of being subject to self-gratification, adolescents are now subject to self-denial for the sake of what others think. They need to learn to make decisions for themselves that still include and respect their peer group. They need to know how to mourn the loss of a boyfriend or girlfriend, of family, or of a drug, and still go on with their lives. The struggles are just as intense as they were for the imperial self, but now they involve a larger internal audience that is susceptible to guilt because the adolescent is acutely aware of failures to live up to others' expectations.

By attending to the ways that students talk out their needs, or their reliance on others, the facilitator can help students understand how they can have relations with others without feeling forced to conform to others' standards. As students talk with each other and learn to accept their differences, they develop the capacity to establish their own purpose and to build enduring relations with others.

IX. Referring Students to Group

If a student willingly joins the group, the referral process is simple. It is a voluntary-referral which reflects a student's genuine interest in getting help. When another person makes a referral, the process is complicated by the student's natural resistance to joining a group which threatens his/her chemical use, or possibly exposes the parent's chemical use. Minimizing the delay between referral and the student's attendance at the first group meeting is therefore a significant factor in whether the student actually joins the group.

When students and faculty clearly understand the avenues of voluntary referral, a student knows what to expect if someone refers him/her to a group and usually decides to join the group. There are five sources of student referral:

1. **Staff/Voluntary Referral** — School personnel refer students when they:
   - perceive declining or unacceptable school performance
   - have personal knowledge of student needs
   - observe alcohol or other drug use
2. **Administrative Referral** — Principals and superintendents refer students who:
   - fail in their classwork
   - break school rules
   - plan to drop-out of school
   - present frequent disciplinary problems
   - act disruptively at a school activity
3. **Community Referral** — Professionals and community members refer students:
   - who present alcohol or other drug problems
   - when dramatic change is noticed in their friends and behavior
4. **Family Referral** — Family members refer students:
   - who present alcohol or other drug problems
   - to demonstrate concern about known chemical use
   - when dramatic change is noticed in values and behavior
5. **Peer/Voluntary Referral** — Peers refer students:
   - who present alcohol or drug problems
   - to demonstrate concern about known chemical use

Two Types of Staff Referral: Disciplinary and Voluntary

A staff member either directly observes alcohol or other drug related behavior or infers that a student has a chemical problem based on deteriorating performance. The staff person witnessing a violation of the school's alcohol and other drug policy can immediately confiscate any evidence and ask the student to accompany him/her to the office. The principal can take disciplinary action and/or refer the student to a group.

A staff member who noticed a definite decline in a student's performance (grades, conduct, demeanor), can confront the student with the observations and concerns and make a **voluntary** referral. The voluntary referral checklist in Appendix C may be useful in focusing on the specific changes in the student's performance which the staff member has observed. During the discussion, the staff person may refer the student to a support group. In general, students will accept the referral as an opportunity to get help.

Administrative Referral

Principals and superintendents may identify students for whom referral is appropriate as a result of:

- observed violation of school policy, federal, state, and/or local regulations regarding alcohol or other drug use
- documented behavior that may be related to alcohol or other drug use
- observed change in school performance
- documented need for a group experience by a referral person

A student brought before the principal for an offense that results in a suspension may be given a choice between the suspension, and membership in a support group for several weeks, a semester, or a year. A student may also be offered the choice of returning early from a suspension by agreeing to go to the support group. Students offered this opportunity typically elect the group rather than suspension. They recognize that a suspension only increases the likelihood of more alcohol and drug use, while the support group provides structured support and supervision for assessing and changing their behavior.

By attending support groups, potential drop-outs (or students who have typically failed in school) often start attending school again and improve their class work. These youth may come from disfunctional families in which chemical dependency creates enough instability that children feel discouraged at home and in school. With an opportunity to talk with peers about this discouragement and with a chance to recognize their work as members of a special group, these youth feel accepted and get involved in school work.

Community Referral

Many community agencies who work with adolescents and their families, such as the criminal justice system, social services, conseling agencies, and clergy, are in a position to witness or suspect alcohol and other drug related behavior. Formal contacts between these agencies and a school's support group leaders are more likely when agencies are aware that the support groups exist and know of a school contact person to whom they can refer.

Family Referral

Parents who have been made aware of a school's chemical dependency assistance program may contact the school for information or assistance. These contacts may lead to several discussions between family members and school personnel about a son or daughter who is acting out and who is suspected of alcohol and/or other drug abuse. These family meetings often lead to referrals to support groups.

Peer Voluntary Referral

Students who witness chemical use and are concerned about a friend's use can discuss these concerns with support group leaders. Many students will talk to trusted school staff, who then can encourage them to see the support group leader. Students are interested in discussing their concerns about fellow students as long as staff respect their need for confidentiality.

Some of these concerned peers may also be appropriate candidates for staff referral to a concerned persons group where they can discuss their concerns. A staff person can assist concerned students in deciding how to refer their friends. Students may feel comfortable telling their friends about specific behavioral changes that seem indicative of problems with alcohol and/or other drugs. Students can then explain the function of support groups and encourage their friends to attend.

Screening Students for Groups

Once students are referred to the group facilitator, they must be screened to determine who is appropriate for each of the different groups. In the screening procedure, the facilitator can assess the nature of the problem and discuss the goals and objectives of the various groups with each student. If a student cannot immediately join the group, support can be obtained by meeting temporarily with the person who does the screening.

X. Naming the Groups

Naming the school's groups is more important than it may at first seem. The name often makes a lasting impression on teaching staff, students, family, and community members alike. It may attract the people who can be served or threaten them.

If students are able to participate in naming their school's groups, they are more apt to feel comfortable about joining a group that addresses their personal interests. Involving students in a contest to name all of the groups, or the group which they join, are two ways of eliciting student input.

A school may decide simply to call the groups "group" or "support group." "Labels get in the way," one group facilitator cautions. "What you are looking for is a common ground." This illustrates an important consideration: a group's name should be broad enough to include any student rather than so specific that potential participants feel automatically excluded.

The name may be chosen to reflect those who attend the group, such as a "concerned persons group," "peer-helping group," "academic group," or "recovering group." The name can also highlight what happens in the group, such as "insight group," "feeling group," or "rap group."

Groups that are specifically designed for children of divorce are often called, "changing family groups." Since alcohol abuse accounts for at least 40% of all divorces, issues of affected children predominate in these groups.

Labels such as "user group," or "affected group" should be avoided. Students know what these names mean and recognize the stigma attached to participating in such a group. As a result, they may resist the label and use it as an excuse not to attend the group.

XI. Group Leadership

The facilitators for groups are usually people from the school who have had support group training and/or previous group leadership experience. Occasionally, facilitators have had experience with Alateen, Al-Anon, or Alcoholics Anonymous. Schools have also successfully used co-facilitators. Pairing a staff member with someone from the community is valuable for students who may hesitate to approach a school employee about an issue, yet might be willing to talk with someone who does not represent authority to them. Male/female co-facilitators may function well because male students may feel more comfortable with a male facilitator, while female students may feel safer with a female facilitator. It may also work well to pair an adult and a student as co-facilitators. A trained peer helper may have success in communicating with some students who would not open up to an adult alone.

Pairing a professional group facilitator with a teacher who has little group experience allows the inexperienced group leader to gradually learn how to run a group and builds in professional supervision. This training experience is ideal in a school whose staff does not feel competent in leading a group.

Most schools recommend using co-facilitators to provide direct feedback and moral support for each other. It is possible to use a single facilitator whose professional support comes from meeting regularly with other facilitators or to have rotating facilitators who are themselves members of a facilitator support group.

Most facilitators are school/community team members who have received some form of group training. Some local education agencies, however, use only outside professionals to lead support groups. Occasionally a non-professional serves as a co-facilitator, yet the professional has primary responsibility. Other schools use professionals who work within the school, such as social workers or guidance counselors. Designating school personnel as facilitators may require a change in their job descriptions which further assures the institutionalization of the chemical dependency assistance program within the school.

As students learn how to be responsible group members and become more comfortable with themselves and each other, they can be asked to co-facilitate a group. The benefit of having rotating student co-facilitators is that all students feel group ownership and become more involved in the group process. By gradually widening the circle of involvement the student co-facilitator, who naturally feels scared about the role change from participant to co-facilitator, is supported by group members who will generally work harder to help their peers.

Whoever is selected to lead groups, high standards must govern the choice of facilitators. These standards assure both the professional competence of the facilitators and the commitment of the school to support groups. To assist in selecting facilitators, a checklist to evaluate potential candidates is included in Appendix D and E.

XII. Planning for the Group

After the facilitator has been chosen to lead a group, but before the group actually meets, a number of arrangements must be made and policies and procedures developed.

The Room

Among the schools in Maine that have support groups, one group meets in a boiler room, another above the band room while the band practices, still another in any room available and rarely in the same place. Obviously, locations such as these discourage group attendance.

Locating an appropriate room is important to the success of the group and involves considerations that are seldom necessary in selecting classrooms. Support group members want and need privacy. It is important to use a room with no windows or to cover existing windows. A conference room can effectively provide privacy. It is also vital that the room be arranged so that the group can sit in a circle, allowing members to see each other. Students often recognize what other participants are feeling by how they look, not by what they say. It is preferable to use chairs without attached desks to permit recognition of non-verbal messages. Gifted leaders can succeed with a group meeting around a table. In this case, students may see the table as a comfort rather than a barrier.

Regardless of the details, the arrangement of the room and chairs must create a relaxed, informal atmosphere in which students feel comfortable enough to talk freely with one another. If a permanent room is assigned to the group, students can decorate it with furnishings, posters, and carpets according to their own tastes.

The Time

To expect to make a commitment to attend group, the school must indicate the same commitment to group as it gives to other important, regularly scheduled activities. Consistency is therefore the key to scheduling the group. It should always meet at the same time and place. This encourages students to attend group just as they attend other regular activities.

Staff Education

Teachers who are not directly involved in support groups may develop misconceptions about groups based on what they hear. Since teachers can be extremely helpful in support group efforts or can be a divisive influence, it is critical that group leaders and administrators educate other members of the staff. This education must be an ongoing effort, not merely an isolated occurrence. Through yearly in-service education, pamphlets, or department meetings, staff can be given opportunities to learn about when groups meet, how students are referred to groups, and what groups provide to students. Even with staff education, a teacher occasionally challenges a facilitator to justify a particular student's participation in the group. "Sally has been in your group all year," a teacher may protest, "and I don't see any changes. The group has made no difference at all." Instead of reacting defensively, the facilitator needs to give general information about the group and to clarify that its purpose is to support students, not necessarily to change their behavior.

Orienting Students

Schools can orient prospective group members by involving them in an orientation group offered once a month. This allows the interested and curious to see first-hand who is in the group and what happens there before making a commitment to be involved. In this orientation session, a packet of information can be distributed with handouts on chemical dependency and group rules.

Attendance Policy

To assure continuity within the group, schools should develop a policy about attendance at group meetings. One policy could be that once a student decides to come to group, the person will not miss the group for any reason other than absence from school. Another policy option is that a member who needs to miss a group meeting is expected to tell the group beforehand. This gives other participants a chance to discuss that member's absence. To avoid the problem of frequent dropouts,

most groups take the position that, "once you come to our group, you have made the commitment to continue." If a member breaks the agreement, the absence must be discussed by the member with the group. The group should be involved in setting the attendance policy so that each member has an investment in observing it.

Adding New Members

After a group meets several times, new members may wish to join. Inclusion of new members must be handled sensitively. The leader notifies the group a week in advance that, "a new person would like to join our group." Group members then decide if the group can accept a new member. Invariably, the interested student is invited to join. Through this process, the group gains a sense of control over, and responsibility for, the group size. The new member also feels welcome in the group and is not subject to feeling unwanted.

Termination

A member who decides to leave group is expected to discuss the termination with the group in order to help other members deal with the loss and resultant change. The departing member explains the reasons for leaving and allows other members to say good-bye. Since children of alcoholics seldom have continuity in their family life, and because termination is often handled poorly in our society, facilitators need to pay particular attention to this part of group life.

Similarly, at the end of the school year a group should discuss its termination. Group leaders need to plan for and discuss appropriate help that may be required for members over the summer, and the group should talk about when, where, and how the group will start up in the fall. If at all possible, the facilitator is encouraged to specifically state, "this group will begin again the second Tuesday in September and will meet in this room." Setting a specific date and time enhances the feeling of continuity and permanence so necessary to students whose lives may be disrupted. It also avoids the "wait till September" syndrome, which often leaves administrators and facilitators scrambling to find rooms and times to meet in the fall.

XIII. Scheduling the Group

Arranging group meetings can be a major problem for schools. How does a school sandwich group time into normal class periods, lunch periods, sporting events, and assemblies? How are teachers released from classroom duties so that they can facilitate groups?

The most popular time for holding groups is during study hall. To avoid eliminating students who do not have study hall when the group is held, these students may be given release time from the conflicting class once a week with the understanding that all work must be made up. In schools with rotating schedules, students miss alternating classes, never the same class twice in a row. Facilitators must arrange student absences from class with the teacher beforehand to avoid conflict. Alternatively, the activity period or the teacher/facilitator's planning period may be used as group time.

Groups can also be held after the school day. The advantages of after school groups are that they do not conflict with classes and length is not regulated by school bells. Drawbacks are lack of transportation and potential conflicts with sports and other activities. Of course, groups can also be held first thing in the morning. This gives students a chance to discuss the previous evening's or weekend's events. Chemical users may also be less likely to be "high" in the morning than in the afternoon.

Some schools use off-duty teachers to provide coverage for teachers who are leading support groups. One school designated the period following the group as free time for the facilitator. This also provided extra time on the occasions when the group needed to resolve important issues. Obviously, no one time is ideal for all students. Holding different groups at different times of the day lets most interested students find a group suited to their schedule.

XIV. Confidentiality

Students may have the legal rights of an adult, but they do not have the social freedom. They are still responsible to their families, and their parents are responsible to them as legal guardians until the age of majority. Consequently, involving students in groups raises questions about the parents right to know versus the students' rights to privacy. When a school offers a support group, it has three choices regarding the confidentiality of participating students:

- to inform one or both parents
- to require students to inform their parents and report back to the group
- to allow disclosure to be at the students' discretion

Many schools that choose to inform parents do so during the assessment process (see sample letter, Appendix F). If a child of a known alcoholic wants to participate in a group, the facilitator should be prepared for resistance from the parent.

Schools that leave the choice of disclosure to students recognize not only that students do not need permission to talk to the guidance staff, but also that deciding whether to inform a parent is in itself part of the group process. Other students can help uncertain students decide whether and how best to inform their parents. In schools that do not require disclosure, students may choose to discuss and get feedback from other students on their decision to attend group before deciding whether to tell their parents. Many students need to learn about the group through participating in it before they can articulate its purpose to the parents.

If a group facilitator needs to disclose some information about a student's alcohol or drug use to another professional or a treatment center, it is a legal requirement that a signed form for release of information be obtained from the student and guardian. A sample general release of information form appears in Appendix G. A sample letter to a treatment facility that could accompany information about the student appears in Appendix H.

Confidentiality in the Group

Confidentiality is very important to students. It means that each group member can rely on others not to disclose publicly what is said in group.

Without exception, confidentiality is the fundamental rule of groups. The facilitator must let students know that there is only one legal exception to the rule of confidentiality. If there is an indication that a student or person related to the student is in personal danger, by law, the facilitator must notify the person at risk.

Other staff members and parents may want to find out what a student, son, or daughter discusses in group. Such inquiries often compromise group members because they feel they should tell the teachers or parents, who often have good reasons for wanting to be told. The facilitator needs to discuss with students how to respect the person's interest in knowing, while keeping the commitment of confidentiality to the group. For teachers and parents who want more information about the group, a facilitator can offer them a chance to talk in a separate meeting to help them understand the objectives and process of the support group.

XV. Group Rules

Talking about one's self is scary to students who may have never before done so. Group rules are needed that create a safe, non-threatening environment in which students can trust, discover their own feelings, learn how others perceive their behavior, and learn how other group members think and feel. This safe atmosphere can begin to be established as early as the initial group meeting by having students discuss and agree to these rules:

1. Confidentiality is essential, which means what is said in group must stay in group. A student is free to reveal anything about himself or herself outside of the group. Disclosing or repeating anything about other group members, however, is not allowed.
2. Group members must be willing to participate and share something about themselves at some point. There are no observers in group.
3. Feedback is to be given in specific, constructive terms. It should be expressed directly to the person who wants or needs feedback.
4. Everyone in the group has the same rights and responsibilities. Any decisions are to be made collectively by the group, not by the facilitator, or any individual or clique. Everyone has the right to expect respect and deserves to have his/her contribution valued.
5. Participants are expected to enter into contracts aimed at reducing or stopping their use of chemicals.
6. Attendance at all sessions is expected. A member's primary responsibility is to be at regularly scheduled group meetings.
7. Group meetings are to start and end on time.
8. No expression of physical violence will be tolerated.
9. Smoking and drinking beverages during the group are not permitted.

The facilitator has four added responsibilities:

- to make sure that every member's comments are heard.
- to help each participant feel a sense of belonging.
- to make outside referrals for members who may require additional support and help.
- to help each member develop personal goals for the group.

Students need to phrase these rules in their own words so that the need for them is clear and they understand they are responsible for observing them. Of course, students may also develop more rules of their own. When the facilitator encourages students to contribute to structuring the group, the threat of the group diminishes significantly since students have more control over its process.

XVI. Supervision

Just as facilitators encourage students to help one another, so too do facilitators need to help each other solve problems. It is vital to the well-being of the group and the facilitator to develop a procedure that allows discussion and supervision among facilitators about their group work. If supervision is neglected, the student groups will suffer, and facilitators will become discouraged and eventually drop out.

It is recommended that facilitators set aside one afternoon a month to meet with a person designated as supervisor. During the other three weeks of the month, facilitators need to meet together at a regular time to discuss with each other the positive and negative aspects of their groups. One practical time to schedule facilitator meetings is before the school day starts, which is a time when almost everyone can attend.

In the supervision session, it is important to continue to respect students' rights to confidentiality. Facilitators may talk about group issues, but must not reveal the names of members. If a group suspects that their facilitator discloses private information, even to other facilitators, the break in trust is certain to cause the group to disintegrate.

Supervision sessions can be facilitated by an outsider or by one of the group facilitators. They can be structured by asking any of the following questions: "Who wants to talk about their group first? What has been going on in your group since we last met? What changes are occurring in your group? What are the problem areas? How are you feeling about yourself as a facilitator?"

XVII. Evaluation

Groups need to continually evaluate their progress and usefulness. This formal or informal evaluation measures group or individual objectives so that participants in the group can make changes in the group structure or leadership to meet their own needs.

In the evaluation process, students and facilitators can learn about themselves and get feedback on behaviors that may close off communication or encourage honest discussion. To conduct an evaluation, groups may:

- tally the number of students who have used the group
- develop their own evaluation sheets
- answer pre-set questions in sub-group discussions and report out to the whole group
- assess if group member met their personal goals
- provide ongoing feedback in a suggestion box or an evaluation session
- write progress reports

Methods of evaluation vary. The important points are that evaluations be done consistently, briefly, and cooperatively.

XVIII. Students as Resources

We have considered why student input into program design and implementation is not only desirable, but also very necessary. Students can be involved in performing effective roles in actual program operations in three ways:

- as peer facilitators
- as peer leaders
- as peer contact persons or first friends

Peer Facilitator

Peer facilitator programs have become as fashionable as they are successful in dealing with a broad range of student problems. In such programs, student volunteers are recruited, screened, and given extensive training (from ten to thirty hours) to enable them to perform effectively and responsibly.[9]

These students are facilitators and helpers in the sense that they are trained in listening skills; interpersonal skills such as confrontation, giving feedback, trusting, and self disclosure; and various

9 For more information on screening, training, and supervising peer facilitators, contact the Secondary Education Chemical Dependency Program Specialist, the Division of Alcohol and Drug Education Services, Tel. 207-289-3876.

techniques of facilitating communication. They are, however, prohibited from giving the sort of advice that a professional therapist might offer a client. The major theoretical basis for peer facilitator programs is that deficiencies in life skills tend to place a student at high risk of becoming chemically dependent. Accordingly, the degree to which these skills can be strengthened increases the likelihood that some alcohol and other drug problems can be prevented. Self-evaluation by peer facilitators has shown significant improvement in these skill areas for both students and the peer facilitators themselves. However, it has not been demonstrated that the program has a measurable impact on alcohol and other drug use itself which is why a school needs a comprehensive chemical dependency assistance program. Peer facilitator programs appear to be most successful when the expected outcome of student contact is that the student at risk joins a support group or accepts some form of self-help or professional assistance.

Peer Leaders

The main function of peer leader programs is to provide sound educational activities that aim toward increasing other students' knowledge and awareness of alcohol and other drug problems. The strategy for classroom activities is to provide accurate, credible information, and to focus fellow students' attention on their attitudes and behavior. Peer leaders may also provide referral services as students begin requesting help as well as facts. Many schools are designing and implementing student awareness programs. The role of peer leaders in planning, implementing, and evaluating these efforts needs to be further explored.[10]

Peer Contact Person

It is also possible to use students in a more specialized way — as contact persons who function as "first friends." The contact person is someone to whom any student can go to discuss an alcohol or other drug related problem or any other problem. The student contact person listens, provides appropriate and accurate information, shares personal experiences, as appropriate, and refers the student or encourages the student to contact the support group facilitator. Adequate screening and training of these student resources is necessary.[11]

XIX. Training Resources

To train staff facilitators or student peer helpers, local education agencies can choose from a variety of peer helping and support group training programs. The staff and student training needs must first be assessed and then addressed. Adult facilitators and peer helpers need the same type of helping skills training. They need to develop proficiency in five basic helping skills:

1. Attending
2. Listening
3. Questioning
4. Disclosing
5. Problem-solving

These skills are in conjunction with six group facilitation skills:

1. Structuring
2. Linking
3. Universalizing
4. Focusing
5. Summarizing
6. Ending

These skills require more than understanding the techniques, they demand a willingness to engage with others in some depth. Developing the abilities to become involved and to take risks is incorporated in all helping skills training. Another necessary component of this training is an exploration of adolescent development to familiarize facilitators with common life tasks and stresses confronting adolescents.

In Maine, there are trainers who teach these helping skills, including counselors in private practice, in mental health and/or alcohol and drug treatment centers, and in counselor education programs at universities. To find a qualified trainer in your area, contact the Division of Alcohol and Drug Education Services or call your local mental health center or other treatment provider agency.

10 For more information on involving peer leaders in student awareness programs, contact the Secondary Education Chemical Dependency Program Specialist, Division of Alcohol and Drug Education Services, Tel. 207-289-3876.

11 Gary L. Anderson, *The Student Assistance Program: An Overview of a Performance-based Program for Identifying and Assisting Troubled Students In the School Setting* (Madison, Wisconsin: Department of Health and Social Services, Bureau of Alcohol and Other Drug Abuse, 1979).

When you arrange for training from these services, apply the same standards to the training as you would to a new course in your school. The training would need to have specific goals and behavioral objectives which help administrators justify the effectiveness of helping-skills training to the school board and provide school administrators with a clear educational rationale for the training. Although participants are trained to help students, the training can also meet broader educational goals of increasing teacher effectiveness and students' productivity in the classroom.

Behavioral objectives are defined in terms of how the helper would assist a person seeking help. They can be used to enhance professional skills and can also serve as objectives in any helping-skills training. They apply equally to most personal or professional interactions. Goals from which those objectives might be derived include:

1. To increase the helper's ability to listen more effectively,
2. To enhance the helper's ability to use non-verbal behavior to encourage the student to talk and become involved with him or her,
3. To alter the helper's conversational style to include verbal responses that are likely to facilitate the students' self-exploration,
4. To analyze the impact of the helper's own needs on the students' helping behavior,
5. To learn how to talk about the helper's own feelings and reactions to the student in constructive ways,
6. To understand the stated and unstated communications of students,
7. To integrate the basic helping skills so as to conduct effective helping interactions.

XX. Goals and Objectives for Alcohol and Other Drug Support Groups

The three types of support groups include students who are experiencing problems with their use of alcohol and other drugs, who are affected by a family members use, and/or who are recovering. The goals and objectives of the user group identified below apply to the students assessing their problems associated with chemical use. Sample content outlines of support group meetings are included to assist the facilitator in planning for each session.

A. THE ASSESSMENT GROUP

The Assessment Group Definition:

The assessment group is for students who may have an alcohol or other drug problem. In the group, they assess their use of chemicals and decide whether they need any help to control their use.

Goals of the Group

1. To enable the school to assess more accurately the degree of students' harmful involvement with nicotine, alcohol and/or other drugs, and recommend appropriate sources of help.
2. To provide non-chemically dependent students with information and skills necessary for personally and socially constructive attitudes and behavior regarding nicotine, alcohol and other drugs.
3. To reduce the number of students with nicotine, alcohol and other drug problems.

Goals for Group Members

Nicotine, Alcohol and Drug Specific:

1. To examine patterns of behavior involving nicotine, alcohol and other drug use.
2. To examine the consequences of chemical use.
3. To examine the relationship between chemical use and other aspects of life styles.
4. To identify and evaluate the role of chemical use in emerging value systems.
5. To make more informed decisions regarding present and future chemical use.

Personal:

1. To promote awareness of feelings and the defense mechanism that inhibit acknowledging and expressing feelings.
2. To develop trust and facilitate self-disclosure.
3. To develop skills in leveling and confronting.
4. To develop problem-solving skills.

Tips On Group Process

During the early sessions of the assessment group, films on the disease of chemical dependency provide students with a common understanding of the problem. Films about the disease and its effect on the family are a safe way to open discussion. These films are listed in the booklet, *Guidelines for Planning and Conducting Student Awareness Programs*, Division of Alcohol and Drug Education Services, Bureau of Instruction, Department of Educational and Cultural Services, 1987.

Students initially feel safer discussing the disease of chemical dependency as it affects characters in a film than they do in talking about its effects on them and their families. In this way, they discover whether they can trust other group members.

To foster a sense of achievement, the facilitator should help group members develop personal goals that they can meet in the group. The goals are written in behavioral terms so that students can verify when they meet them. For example, one member's goal may be to agree to speak to one new person in the group. When this member actually speaks to a new person, the facilitator can celebrate the occasion by simply nodding or smiling in recognition of the accomplishment. All groups, and group members, develop specific goals which signify for group members their visible changes and accomplishments.

ASSESSMENT GROUP

Sessions	Content[12]
1-2	**Experience:** 1. What was the student's first experience with chemicals? 2. What chemicals has the student used? 3. What is the student's current chemical use pattern? 4. How does the current pattern of use differ from past use?
3-4	**Harmful Consequences:** 1. How has chemical use resulted in negative consequences? 2. How has chemical use caused problems with parents, siblings, relationships, law enforcement, school, emotional management, finances, and/or job? 3. How direct is the relationship between chemical use and negative consequences?
5	**Chemical Use Patterns:** 1. What are the student's chemicals of choice? 2. What is the student's current pattern of use: frequency, quantity, occasions, circumstances? 3. What aspects of the pattern can be altered to produce changes in chemical use?
6	**Alternatives to Chemical Use:** 1. What are the major activities in which the student engages in work, school, and leisure time? 2. What is the relationship between these activities and chemical use? 3. What chemical-free life styles and activities can be identified and tried?
7	**Contracts:** 1. Students prepare contracts to abstain from chemical use which extend for the remainder of the sessions. 2. Contracts need to be negotiated individually. They would indicate the individual's chemicals choice and reflect his or her present ability to control chemical use.
8	**Economics of Chemical Use:** 1. What is the economic cost to the student of chemical use? 2. How much time and money is devoted to chemical use and related activities? 3. How else might that money be spent?
9	**Personal Chemical Use Inventory:** 1. How has chemical use harmed the student and others? 2. How serious is the student's chemical involvement?
10	**Disclosure, Sharing, and Ownership:** 1. How does it feel to share the effects of chemicals on his/her life? 2. What kinds of personal information does the student feel able and willing to share in the group? 3. How can a student learn to trust other group members?
11	**Decision Making:** 1. What other steps will the student take to deal with chemical use? 2. What are the options for the student and family members? (discussed privately with the student and facilitator)

12 Adapted from a group process in use at Cooper Senior High School, Independent School District 281, Robbinsdale, Minnesota. Courtesy of Ms. Sylvia Horowitz, District Chemical Concerns Specialist.

B. THE CONCERNED PERSONS GROUP

The focus of the concerned persons group is different and therefore goals and objectives have been included to assist the facilitator in his or her planning for this group experience. Several tips on group process and content for ten sessions are outlined below.

The Concerned Persons Group Definition

Students who are concerned about or affected by a family member's chemical use attend the concerned persons group. Although students may be concerned about a peer, they are more likely to want to talk about a parent or family member. The purpose of this group is always to focus on the students' feelings and behavior, not on the behavior of the person of concern. For example, if a student says, "I am afraid when Dad drinks," the group should concentrate on how to deal constructively with such feelings, not on how to control the father's drinking.

Development and the Affected Student

The combination of drug use and adolescent development complicates a youth's problems, but for affected students the complications are more pronounced. Affected children often believe that they are never good enough. Not only do they feel that they have done something wrong, they feel that they **are** wrong. They feel abnormal. Affected children enter adolescence with a deep sense of shame that is heightened by their natural self-consciousness and reliance on the approval of others. Affected adolescents either have little sense of who they are or have formed negative judgments about who they are: they are nobody or no good. Since 70% of the affected populations choose positive responsible roles, they may wager their self-esteem against their ability to perform and succeed. As long as they seem to be perfect and meet their high standards of perfection, they are okay. But should they fail, they are nothing. Support groups provide these students with an opportunity to distinguish between who they are as an affected person and what they are experiencing as an adolescent.

Goals of the Group

1. To provide alcohol and other drug education.
2. To help students identify and deal constructively with feelings and behaviors associated with another person's use and with the stress of living within a chemically dependent family.
3. To support students in contacting self-help groups and/or other helping agencies in community.
4. To enable the school to assess how students are affected by family members' and others' chemical dependency.

Goals for Group Members

1. To understand chemical dependency as a family disease.
2. To understand and recognize personal enabling behaviors.
3. To understand and recognize personal behavioral responses to a chemically dependent person.
4. To promote discovery of feelings and of the defense and survival mechanisms that prevent that discovery.
5. To ident ' and express feelings associated with living with a dependent person.
6. To develop trust.
7. To develop skills in self-disclosure, giving and receiving feedback, leveling and confronting.
8. To discover and test positive behaviors for coping with chemical dependency.
9. To support decisions to attend self-help groups such as Alateen and Al-Anon.

Tips on Group Process

Support groups for affected students need to help them learn that they can trust and talk to one another about their pains and joys even though they may continue to live in a disrupted home. Since affected students have learned not to talk about chemical dependency in order to survive, the group can use visual arts such as making collages on feelings to help students express themselves verbally. Trust-building exercises that foster cooperation, as in drawing a mural or comic strip on a specific topic, help students interact and identify their common concerns. Trust-building exercises in the early group sessions break down the barriers to self-expression. In later sessions, the group can focus on mutual support and on coping with the chemically dependent person. The primary focus is on the fact that the students have a life of their own. They have the ability within themselves to establish positive primary relationships outside the home.

CONCERNED PERSONS GROUP

Sessions	Content
1-2	**Relationship Building and Exploration:** 1. Students tell a partner about someone they could trust who they would talk to about a success or failure. 2. Students describe the characteristics of the person in whom they can confide. 3. Facilitator presents a mini-lecture on listening skills. 4. Students practice listening skills with a partner. 5. Students make collages of alcoholism or chemical dependency in their lives and discuss in small groups.
2-3	**My Place in the Family:** 1. Facilitator presents a mini-lecture on family roles and does a film presentation, *Lots Of Kids Like Us*. 2. Students discuss with partners the roles they play in their families. 3. Students discuss feelings associated with their roles. 4. Students share with partners about someone who discouraged them and with whom they could not talk. 5. Students discuss how they felt and how the other person behaved.
4	**Denial — A Game of Pretending:** 1. Facilitator presents a mini-lecture on denial in the family and a film *Children of Denial*.[13] 2. Students discuss and make collages about denial in their families. 3. Students discuss how family members pretend chemical dependency does not exist. 4. Students discuss the feelings associated with denial.
5-6	**Feelings and Me:** 1. Students list all the things they do not like about themselves. 2. Students work with partners to make these liabilities into assets by rewording them positively. 3. Students discuss feelings that they believe they do not feel, such as guilt, anger, sadness, resentment.[14] 4. Students discuss in group their difficulties in expressing feelings.
7	**Defenses — We Need Them to Survive:** 1. Facilitator presents a mini-lecture on defenses that we have to use versus those we choose to use. 2. Students make collages of the masks that they use to hide some of their real feelings. 3. Students discuss with partners the way they use the masks. 4. Students discuss masks in the large group.
8	**Problem-Solving — What If? and Afterwards!:** 1. Facilitator presents a mini-lecture on problem-solving and finding alternatives. 2. Students discuss possible solutions for a problem that was previously brought up in group. 3. Students discuss in a small group how to resolve a problem and possible consequences of the solution. 4. Facilitator shows, for group discussion, a film or video tape on problem-solving.[15]
9-10	**Self-Encouragement:** 1. Facilitator presents a mini-lecture on encouragement.[16] 2. Facilitator leads a discussion on the encouragement process and has students encourage one another in round robin fashion. 3. In pairs students talk about a risk that they will take within the next week and practice encouraging each other.

13. Claudia Black, *The Guide: To Children of Denial*. (Newport Beach, California: A.C.T., 1983).
14. Claudia Black, *It Will Never Happen to Me*. (Denver, Colorado: M.A.C., 1981).
15. Contact **Resource Center**, Division of Alcohol and Drug Education Services, Stevens School Complex, State House Station #57, Augusta, Maine 04333, Tel. 207-289-2511 for information on films on decision-making and social or emotional growth; or Educational Video Services, Maine State Library, LMA Bldg., State House Station #64, Augusta, Maine 04333, Tel. 207-289-2956 for more information on videotape programs such as *Self Incorporated* or *On the Level* which deal with decision-making, friendship and other social and emotional growth topics.
16. Don Dinkmeyer, and Lewis E. Losoncy, *The Encouragement Book* (Englewood Cliffs: Prentice-Hall, Inc., 1980).

11-13 **Refusal Skills:**

1. Facilitator trains students in **Refusal Skills** using lesson plans developed by Roberts, Fitzmahan and Associates.[17]
2. Facilitator leads discussion on how to use the skills to develop a sense of personal power.
3. Students develop a plan to use the skills in "real-life" situations.

C. THE RECOVERING STUDENTS GROUP

The Recovering Students Group Definition:

Students who return from treatment often experience the same stress and anxiety as soldiers returning from war. The world these students left is still the same, yet they are not the same. Recovering Students Support Groups help them adjust to their new chemical-free lifestyle and serve to encourage them to see the mistakes and slips they are bound to make as opportunities, not failures.

Goals of the Group

1. To provide recovering students with support for a chemical-free lifestyle.
2. To help the school assess the unique problems and stresses that recovering students experience.
3. To help the school assess students' needs for individual or family counseling outside the support group.
4. To help the school recognize the high risk periods for recovering students.

Goals for Group Members

1. To make significant lifestyle changes.
2. To move away from old friends and relationships that were part of a chemical use lifestyle.
3. To form new friends and relationships.
4. To cope with the stress caused by peer pressure to use once again.
5. To cope with other school and family stresses.
6. To cope with all of these changes and stresses without using mood-altering chemicals.
7. To identify the relapse warning signs and develop strategies to deal with them (see Appendix I).
8. To become aware of post-withdrawal syndrome and its effect on learning.
9. To develop relapse prevention plan in the school.

Tips on Group Process

Recovering students' re-entry problems pose many difficulties for the support group. Since students tend to flip-flop between extreme optimism and negativism, attendance may be erratic unless everyone agrees to specific group rules and relapse needs to be an open topic for discussion.

Recovering students often feel pressure to be perfect, to transform instantly into a new person free from association with old friends and temptations, to be free of past conflicts with parents. However, they may feel more like a "fink" than a new person. The expectation that they act differently in combination with the pressure to live chemically-free often threatens their emotional stability and other abilities to relate to people. They need to be cautioned that it will take them years to develop the new sense of self, but they can go one day at a time.

In the first year of recovery, adolescents are prone to post-withdrawal syndrome which will affect their ability to reason, to express feelings, and to remember information. Marlene Miller, Terrance Gorski and David Miller describe this syndrome in their book *Learning To Live Again: A Guide For Recovery From Alcoholism*.[18] Adolescents need to know that their emotional stability, their cognitive confusion and memory lapse are a **normal** part of their recovery. Equally, teachers need to know that some students will have difficulty with subjects as a result of the post withdrawal syndrome. As part of the group, facilitators should help recovering students identify some of the "high risk" situations and the supportive persons that they can call on to assist them. Facilitators can also build the recovering student life-skills and teach them relaxation and rehearsal skills which Marlett and Gordon describe in their book *Relapse Prevention: Maintenance Strategies in the Treatment of Addictive Behaviors*.[19]

17 Training in **Refusal Skills** is offered by Roberts, Fitzmahan and Associates, 9131 California Ave., S.W., Seattle, WA 98136-2599. Materials on these and other social skills which can also be used in relapse prevention are available through CHEF, 20832 Pacific Highway South, Seattle, WA 98136.

18 Merlene Miller, Terrance Gorski, and David Miller, *Learning to Live Again*, 3rd ed. (Independence, MO: Independence Press, 1987).

19 G. Alan Marlett and Judith Gordon, eds. *Relapse Prevention* (New York: The Guilford Press, 1985).

The group needs to help recovering students develop life-coping decision-making, assertiveness, and communication skills which are crucial to recovery, and learn how to successfully work through rejection and conflicts. The group also helps them anticipate and manage predictable crisis periods—holidays, summer vacations, and graduations. Planning ahead and anticipating problems are vital to relapse prevention. Utilizing visual arts like collages can open up discussions on topics such as, "My feelings about using alcohol on New Year's Eve." Without a stimulus, topics like this might otherwise be met with silent stares and indifferent shrugs because, in early recovery, students often have difficulty with their cognitive skills.

RECOVERING STUDENTS GROUP

Sessions	Content
1-2	**Re-Entry: Relationship Building and Exploration:** 1. Students discuss the purposes of their support group and agree on group rules and personal goals. 2. Students tell partners who they would trust to talk about a relapse or personal problem. In small groups they discuss the characteristics of the person they would trust. 3. Students practice active listening with partners and listen to the greatest fears about returning to school. 4. In small groups, students discuss fear and how it relates to personal goals.
3	**Planning for High Risk Times (Relapse Prevention):** 1. Students identify the high risks periods — parties, weekends, rejections, family fights, holidays — and ways that they normally cope. 2. In pairs, students discuss how they feel at a party where others are using chemicals. 3. Facilitator introduces a problem-solving technique and students apply it to these high risk periods. 4. Facilitator encourages the use of A.A., other helping resources, and helps students develop plans to obtain support outside the group.
4	**Feelings and Me:** 1. Students list all the things that make them feel bad about themselves. 2. With partners, students make these liabilities into assets by rewording them positively. 3. Students discuss feelings that they believe they cannot control and discuss how to express them positively.
5	4. Students practice expressing anger using assertiveness skills.
6-8	**Assertiveness Training:** 1. Facilitator identifies the differences between aggressive and passive behavior, then describes assertiveness and how that is different. 2. Students list situations in which they would tend to act aggressively or passively. 3. Students demonstrate assertive behavior. 4. Students practice assertiveness skills in a variety of problem situations.
9-10	**Self-Encouragement:** 1. Facilitator presents a mini-lecture on encouragement and discouragement. 2. Facilitator demonstrates the encouragement process with one group member. 3. Group members practice encouragement with other students who will face difficult situations in the next week. 4. Students discuss how to make a seeming defeat into a learning situation.
11	**Onward:** 1. Facilitator helps students identify their goals and discuss what skills and support they need to manage predictable and unpredictable problems.

ELEMENTARY SCHOOL SUPPORT GROUPS

Support groups are just as effective for younger children as they are for adolescents. However, groups for youngsters need to use the visual arts as well as art and play educational techniques to elicit the children's own experiences with alcoholism. These groups are populated primarily by children of alcoholics. Fortunately, a wealth of resources has been developed in recent years on the issues of affected children (see Suggested Reading).

One excellent resource is the *Children Are People Support Group Manual*.[20] This manual contains a structured format for running support groups for children ages 5-12. The program uses a variety of activities to teach children "ways in which to establish lasting relationships, methods for developing their self-esteem and trust of others, means for overcoming shame and systems for learning sound coping skills." Although getting the chemically dependent person into treatment is never the goal of these groups, sometimes the young child working on his or her own can effectively motivate the parent to get help.

XXI. Conclusion

Once support groups begin in schools, students who previously remained quiet or unknown, except when they acted out to gain attention, are heard. The more students talk, the more school personnel grow to respect the individuality of troubled students, while understanding their common struggle to find a place to be competent and to relate to others in a changing world. As one troubled girl expressed her own struggle:

I am growing, world,
I am reaching and touching and stretching
and testing,
and finding new things, new wonderful
things.
New, frightening things.
I'm just growing, world, just now.
I'm not tall, I'm not strong, I'm not
right.
I'm just trying to be.
I'm just a person, I'm me.
Let me test, let me try, let me reach,
let me fly!
Push me out of my nest (but not too fast).
There is much I don't know.
There are things that I want — don't
hide me from the sight of the world.
Give me room, give me time. There
are things I'm not frightened
to try.
Let me tumble and spring, let me go,
let me be. Wait and see...
I am growing, world.
Water me with the wisdom of
your tears.

Cheri A. Millard (age 17)[21]

20 *Chemical Abuse Prevention Program* (Children Are People, Inc., St. Paul, MN, 1977). Contact the Elementary Consultant of the Division of Alcohol and Drug Education Services for more information, Tel. 207- 289-3876.

21 Gisela Konopka, *Young Girls: A Portrait of Adolescence* (Englewood Cliffs, New Jersey, Prentice-Hall, Inc., 1966), pg. 14.

The struggle to be someone is difficult for everyone regardless of age. If students do not have to struggle alone; if adults can elicit the help of other students; if students can support one another; and if students and adults can listen to and win each other's cooperation — then the struggle to reach, touch, stretch, and test can be shared. The disease of chemical dependency requires such cooperation because it tends to divide people from one another.

We have pointed out some trouble spots, suggested some guidelines, and outlined some tasks for schools interested in developing programs to stem the tide of chemical dependency. Among these tasks is reaching a realistic understanding of the scope and limitations of a chemical dependency assistance program. One Maine school administrator summarized this understanding, after two years of support groups in his school, in this way:

> Kids haven't stopped using entirely, but those kids who have been in groups are better able to handle difficult situations. In addition, school discipline has improved. Teachers tell me that the presence of groups gives an atmosphere of caring that everyone notices. Some kids who once were in sub-groups are aware that something is happening in the schools and what's happening is positive. There has been resistance of course, yet slowly we have made a difference. Now we are ahead of the resistance.

For the many schools in Maine that have begun to deal with the problem of chemical dependency, being ahead of the resistance is being well along the way.

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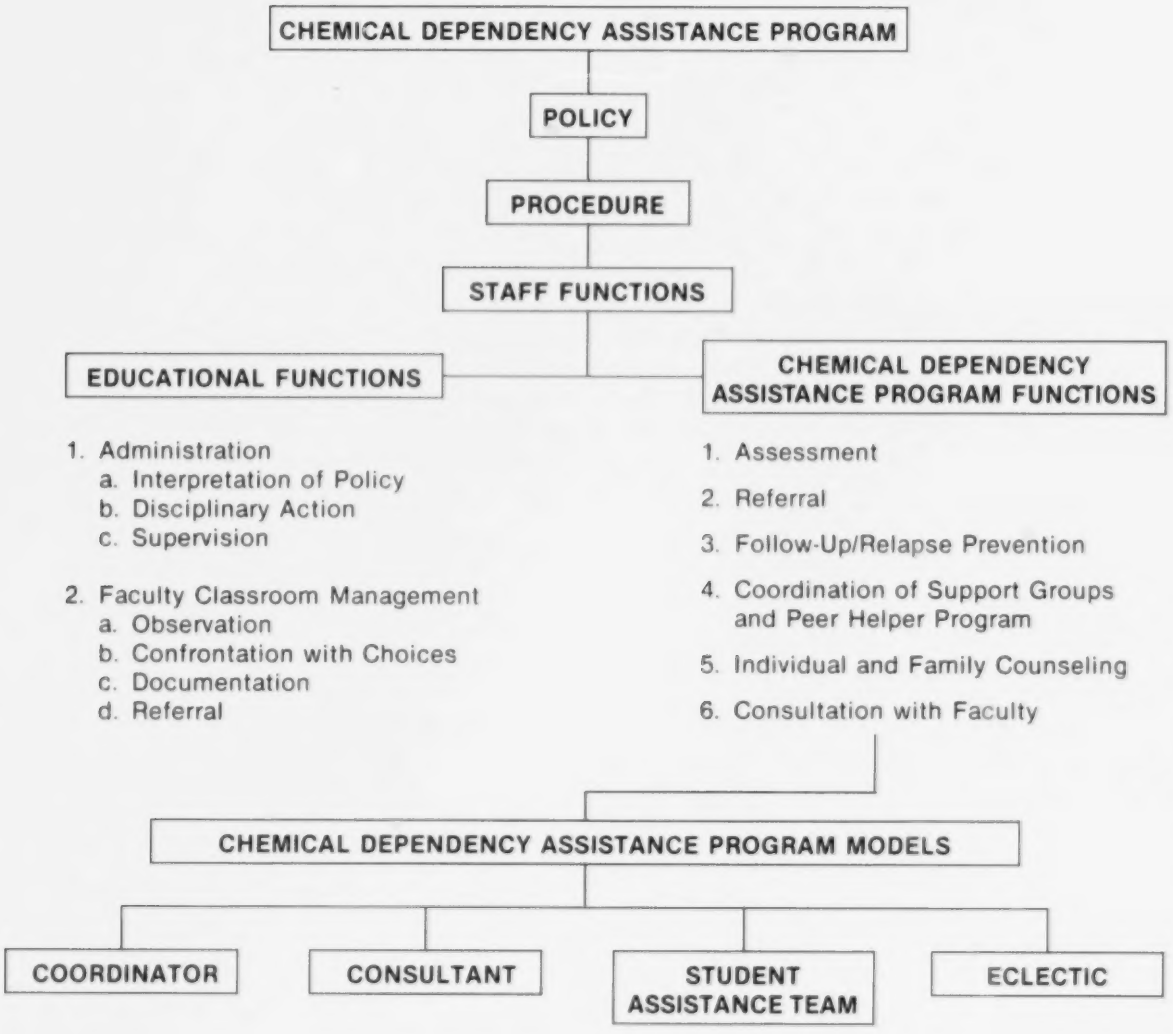
APPENDIX A

Staff Functions in Chemical Dependency Assistance Program



APPENDIX B

Chemical Dependency Assistance Program

How It Works Flowchart

School Staff Observes Student Behavior of Concern
- tardiness
- hostility
- withdrawal

has been frequently noted and recorded by concerned staff person(s). Emphasis on problem learning behaviors and/or obvious physiological problems.

↓

School Staff Addresses Student Behavior
- concerned staff member(s) talks to student
- if necessary, consults with assessment person

↓

Non-Clinical Assessment with Specified Assessment Person
- guidance counselor
- teacher
- social worker
- psychologist
- nurse

confers individually with student. If the problem appears to be chemical related, the assessment person will refer for a formal evaluation, either individual or group.

↓

Clinical Evaluation with Registered Substance Abuse Counselor and/or Licensed or Certified Substance Abuse Provider Confers with
- student
- assessment person
- family
- concerned others

to determine the presence of a chemical related problem, its severity and appropriate action plan.

↓

Action Plan
An appropriate action plan would include referral to both school and community resources.

↓

Provision of Services by Existing School and Community Resources.
- individual counseling
- peer support groups
- remedial tutoring
- self-help groups
- residential treatment
- family counseling

↓

Feedback is Provided to the Specified Assessment Person
Resource provider reports status of treatment and plans for aftercare. Specified Assessment Person confers with concerned staff to provide and to gain information relative to student behavior.

This flowchart was developed cooperatively with a committee of the Maine Association of Substance Abuse Providers.

APPENDIX C

Chemical Dependency Assistance Program Referral Form

Voluntary Referral

If a troubled student is to be helped, he or she should be referred to the person in your building who coordinates Chemical Dependency Assistance Program referrals. Such referrals must be based on behavior which you have actually observed. As a rule, isolated instances of poor or unsatisfactory performance will not be grounds for referring the student. However, whenever the student exhibits several of the following, or there is a **definite and repeated pattern** or tendency in an unacceptable direction, he or she would be referred. Please give this form to your Chemical Dependency Assistance Program contact person, or place it in the person's mailbox. **Place it in an envelope marked "confidential."**

Student _____ Grade_____ Date_____

Referred by _____

Please Check Appropriate Response: **Comments:**

I. Academic Performance Observed:

- ____ Declining quality of work
- ____ Declining grades earned
- ____ Incomplete work
- ____ Work not handed in
- ____ Academic failure

II. Classroom Conduct Observed:

- ____ Disruptive in class
- ____ Inattentiveness
- ____ Lack of concentration
- ____ Lack of motivation
- ____ Sleeping in class
- ____ Failing memory
- ____ Extreme negativism
- ____ In-school absenteeism (cutting)
- ____ Tardiness to class
- ____ Defiance; breaking rules
- ____ Frequently needs discipline
- ____ Cheating
- ____ Fighting in class
- ____ Throwing objects
- ____ Defiance of authority
- ____ Verbal abuse
- ____ Obscene language, gestures
- ____ Sudden outbursts of temper
- ____ Vandalism
- ____ Frequent visits to lavatory
- ____ Frequent visits to nurse, counselor
- ____ Hyperactivity, nervousness

Comments:

III. Other Unusual Behavior Observed:

____ Erratic behavior from day-to-day
____ Negative change in friends, peer group
____ Older social group
____ Sudden, unexpected popularity
____ Mood swings
____ Seeks constant adult contact
____ Public intimacy; sexual looseness
____ Seeks adult advice without a specific problem
____ Time disorientation
____ Unrealistic goals
____ Changes in personal values
____ Inappropriate responses
____ Depression
____ Defensiveness
____ Withdrawal; a loner; separateness from others
____ Sitting in parking lot
____ Other students express concern about possible problem
____ Fantasizing, daydreaming
____ Overachievement in grades, activities
____ Preoccupied with school success
____ Struggle for achievement, perfection
____ Difficulty in accepting mistakes
____ Being rigidly obedient

IV. Possible Alcohol/Drug Behaviors:

Witnessed	**Suspected**	
( )	( )	Selling, delivering
( )	( )	Possession of alcohol, other drugs
( )	( )	Possession of drug paraphenalia
( )	( )	Use of alcohol, other drugs
( )	( )	Under the influence of alcohol, other drugs
( )	( )	Odor of alcohol, other drugs
( )	( )	Talks freely about use; bragging
( )	( )	Associates with known users
( )	( )	Physical signs, symptoms

What actions have you already taken? (Talked to student, to parents, referred to principal, counselor, etc.)

What actions do you contemplate taking?

Other comments:

Appendix C, continued

Comments:

V. Other School Conduct (to be completed by Chemical Dependency Assistance Coordinator)

____ Unexcused absences
____ Frequent absenteeism (excused)
____ Marked absent but in school
____ Tardiness
____ Suspensions
____ Schedule changes
____ Frequent disciplinary referrals
____ Loss of athletic eligibility
____ Increasing non-involvement
____ Involvement in thefts, assaults
____ Carrying weapons
____ Home problems
____ Job problems
____ Problems with law enforcement
____ Operating under the influence

Used with permission of: Gary L. Anderson, *The Student Assistance Program: An Overview of a Performance-based Program for Identifying and Assisting Troubled Students in the School Setting* (Madison, Wisconsin: 1979, Department of Health and Social Services, Bureau of Alcohol and Other Drug Abuse).

APPENDIX D

Who Should Facilitate a Support Group?

Although training and in-service can provide facilitators with group skill training so that an expert is not required to facilitate a group, potential facilitators should answer these questions as a way to assess their attitude toward support group leadership.

1. Am I willing to devote several hours a week to reviewing prior group sessions and preparing to lead a discussion?

2. Do I enjoy listening to others and encouraging them to share their thoughts and reactions?

3. Am I good at summarizing a discussion and keeping it moving in a productive direction without overly controlling it?

4. Am I able to convey enthusiasm and offer encouragement?

5. Am I comfortable being a **participative** leader sharing experiences with students and accepting responsibility for the topic, rather than acting as an authoritative teacher covering required material?

If you answered all five of the above questions in the affirmative and can accept feedback from students, you will probably enjoy success in managing a group.

Adapted From: Steven Glenn, *Developing Capable People: Facilitators Manual*, South Carolina Commission on Alcohol and Drug Abuse, Columbia, South Carolina, 1983.

APPENDIX E

Self-Diagnostic Rating Scale —

Competencies for the Role of Support Group Facilitator

Indicate on the six-point scale by each of the competencies listed below:

(1) the **required** level for excellent performance of the role you are now in or are preparing for by placing an "R" (for required level) at the appropriate point; (2) the level of your **present** development of each competency, by placing a "P" (for present level) at the appropriate point. You will emerge with a profile of gaps between where you are now and where you need to be in order to perform your role well.

This is how it would look:

P R

0 1 2 3 4 5

I. As an individual learner:

A. *Regarding awareness of own attitudes and values.*

1. Ability to describe and identify own biases and attitudes toward alcoholism and drug dependency.

0 1 2 3 4 5

B. *Regarding A.A., Al-Anon, Alateen and other self-help groups.*

1. Ability to provide rationale for A.A.,Al-Anon, Alateen, and other self-help groups; and their effectiveness in a person's recovery.

0 1 2 3 4 5

C. *Regarding family treatment.*

1. Ability to identify the way the family members are affected by the disease and the various dysfunctional roles of the family.

0 1 2 3 4 5

D. *Regarding the hospital treatment process.*

1. Ability to describe and identify the different phases of treatment — from screening to detoxification, to rehabilitation, to aftercare.

0 1 2 3 4 5

E. *Regarding individual helping skills.*

1. Ability to build a relationship with a student and to listen to students.

0 1 2 3 4 5

2. Ability to maintain adequate eye contact and basic attending skills.

0 1 2 3 4 5

3. Genuineness through responses that are sincere, appropriate, and concrete.

0 1 2 3 4 5

4. Positive regard without interjecting values, communicating respect and concern for student's feelings, experiences, and potentials.

   0 1 2 3 4 5

5. Ability to confront a student with denial and to get him/her to deal with the disease of chemical dependency.

   0 1 2 3 4 5

F. Regarding group counseling skills.

1. Ability to facilitate a support group and to get members to work in the group to deal with feelings and with the disease of chemical dependency.

   0 1 2 3 4 5

2. Ability to be involved in group and to share own feelings in group setting.

   0 1 2 3 4 5

3. Ability to relate to all group members non-judgmentally, regardless of their age, sex, creed, or sexual preferences.

   0 1 2 3 4 5

4. Ability to know the different styles of running groups and be able to determine what is most effective.

   0 1 2 3 4 5

5. Ability to attend to all members equally and follow verbal behaviors.

   0 1 2 3 4 5

6. Ability to deal with pain, anger or sadness in others without avoiding or minimizing the intensity of feelings.

   0 1 2 3 4 5

G. Regarding awareness of relapse prevention.

1. Ability to identify relapse warning signs.

   0 1 2 3 4 5

2. Ability to develop relapse prevention strategies.

   0 1 2 3 4 5

3. Ability to discuss post-withdrawal syndrome.

   0 1 2 3 4 5

APPENDIX F

Sample Letter to Parents

Anytown Public Schools
Joint Independent District No. 0
Anytown, Maine 00000

January 31, 1988

Dear Parents:

This letter is being sent home with all students at Anytown Public School.

As an extension of the Chemical Dependency Assistance Program in our school, a support group for children is being offered. The group will promote positive self-esteem, meaningful relationships, and informed decision-making. Awareness of chemical abuse and dependency will also be explored. This group will help meet the needs of those students who are living in families where there are concerns relating to alcohol and/or other drug abuse.

This group will meet for approximately one hour each week. It will provide a safe and confidential setting for students to share their concerns. Group topics will include: feelings, defenses, risks and choices, chemical dependency, families and specialness.

John Smith and Alice Jones will be group leaders. They have had special training in establishing and implementing support groups for youth in schools.

If you feel your child would benefit from involvement in this group, please contact Robert Doe, Principal or Alice Jones, Group Leader, at 685-3160; anonymity will be respected. Since it is necessary to keep the group small (10 maximum), there may be a waiting list.

Sincerely,

Robert Doe, Principal

Alice Jones, Chemical Health Coordinator

AJ:RD/mpm

APPENDIX G

SAMPLE

General Release Form

I, _____ (student name), authorize _____ (name of school/person disclosing) _____ to disclose to _____

_____

_____

_____

_____

(name or title of person(s) or organization(s) to which disclosure is to be made)

The following identifying information from my records (specify extent or nature of information to be disclosed):

_____

_____

_____

The purpose or need for such disclosure is _____

_____

_____

This consent to disclose may be revoked by me at any time except to the extent that information has already been released to a person or organization.

This consent (unless expressly revoked earlier) expires upon _____

_____

(specify date, event, or condition upon which it will expire)

Signature of Student _____ Date _____

Signature of Witness _____ Date _____

Signature of Parent, Guardian or Legal Representative

_____ Date _____

Specify Relationship _____

Used with permission of: Gary L. Anderson, *The Student Assistance Program: An Overview of a Performance-based Program for Identifying and Assisting Troubled Students in the School Setting* (Madison, Wisconsin: 1979, Department of Health and Social Services, Bureau of Alcohol and Other Drug Abuse).

APPENDIX H

Sample Letter to Treatment Facility

Mr. Director
Treatment USA
1234 Lane
Anywhere, Maine 12345

Dear Mr. Director:

We are pleased to know that one of our students, _____, has entered treatment in your facility. As a school staff, we feel very good when one of our students takes positive steps toward an improved lifestyle.

It is our expectation that school personnel will be included in your efforts as _____ _____ moves through the continuum of care. We have trained individuals on our staff who can be helpful with evaluation and facilitation of support groups as a part of a follow-up program. We invite you to use us as a concerned resource. Our major concern is that the progress made at _____ be maintained and supported by joint planning for _____'s return to _____.

We will expect to hear from you in the near future to arrange conference time once _____ _____'s dismissal from treatment appears imminent.

Sincerely,

_____ _____
Chemical Health Coordinator Principal

cc: Parents

Reprinted through permission of Ms. Sylvia Horowitz, Chemical Concerns Specialist, Robbinsdale Area Schools, Robbinsdale, Minnesota.

APPENDIX I

Symptoms of Relapse

_____ Apprehension about well-being
_____ Denial (unaware lying to self)
_____ Adamant commitment to sobriety
_____ Compulsive attempts to impose sobriety on others
_____ Compulsive behavior
_____ Tendency towards loneliness
_____ Minor depression
_____ Loss of constructive planning
_____ Feelings that nothing can be solved
_____ Immature wish to be happy
_____ Irritation with friends
_____ Irregular sleeping
_____ Irregular eating
_____ Irregular attendance at treatment meetings
_____ Open rejection of help
_____ Dissatisfaction with life
_____ Self pity (PLOM)
_____ Conscious lying
_____ Stops Antabuse
_____ Unreasonable resentments
_____ Problems with helping person
_____ Defensive
_____ Impulsive behavior
_____ Tunnel vision
_____ Plan begins to fail
_____ Idle daydreams and wishful thinking
_____ Periods of confusion
_____ Easily angered
_____ Listlessness
_____ Progressive loss of daily structure
_____ Periods of deep depression
_____ "I don't care" attitude
_____ Feeling powerless and hopeless
_____ Thoughts of social drinking
_____ Complete loss of self-confidence
_____ Use of chemicals other than drug of choice
_____ Misses self-help group meetings
_____ Hoarding money
_____ Return to old friends or old patterns of behavior

Overwhelming Loneliness

Start of Controlled Social Drinking

Loss of Control

Relapse of Chemical Dependency

Taken from: *Learning to Live Again, A Guide for Recovery from Alcoholism* by Merlene Miller, Terence T. Gorski, and David K. Miller.

APPENDIX J

Chemical Dependency Assistance Program Checklist

A. Policy and Training

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Does the school have a policy for the chemically dependent and affected student?		Board Training	
Does the school have a procedure for dealing with students with chemical dependency problems?			
Is the staff aware of the policy and procedures? Do they refer a student for help?			
Can the staff distinguish between disciplinary action and voluntary referral?			
Do the administrators and teachers know what their job functions are as part of a chemical dependency assistance program? a. observe/identify b. confront c. document d. refer		Staff In-service	
Are school staff aware of the program functions of a chemical dependency assistance program? a. assessment b. referral c. follow-up d. support groups e. counseling f. consulting			

Appendix J, continued

B. Assessment

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Who is responsible for assessment in the schools? Is it built into his/her job description?			
Does this assessment person care about his/her students?			
Does this assessment person clearly understand the disease of chemical dependency?			
Can this assessment person provide an appropriate place to do an assessment?			
Can this assessment person insure confidentiality?			
Does the school have a support system and groups available?			
Is this assessment person aware of referrals that could be made? A.A.? Alanon? Alateen? Family Counseling? Support Groups? Treatment?			
Does the school board, faculty and staff understand the purpose of assessments?			
Is there a procedure for referral for further assessment in place?			
Is there a formal agreement between the school and a treatment facility?			
Does the assessment person recognize the three different levels of assessment? a. early intervention b. non-clinical assessment c. clinical evaluation			

Appendix J, continued

C. Support Groups

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Does our present policy and procedure include the support groups and the referral procedures to groups?			
Which students are to be involved in the support group planning committee?			
What type of support group membership will we have? a. alcohol and drug specific 1. assessment 2. concerned person's group 3. recovery b. generic groups			
What are the referral procedures to support groups? a. staff b. administrative c. community d. family e. peer			
Who will do the screening for support groups?			
How are we going to involve students in naming groups?			
How are we going to inform faculty and students of purpose of support groups?			

Appendix J, continued

C. Support Groups, Continued

TASK/ACTIVITY	RESPONSIBILITY	RESOURCES NEEDED	DATE COMPLETED
Who are the faculty/community members interested in being facilitators?			
How do we plan for the groups in school? a. room arrangements b. time of groups/scheduling c. group rules			
When are we going to schedule and train group facilitators?			
What will be the group supervision for facilitators? Who will do it?			
How often will we evaluate goals and objectives of support groups and its members?			

APPENDIX K

Mailing Addresses for More Information

A.A. World Services, Inc., Box 459, Grand Central Station, New York, NY 10163.
Addiction Research Foundation, 33 Russell Street, Toronto, Canada M5S251.
Al-Anon and Alateen AFG, Inc., P.O. Box 182, Madison Square Station, New York, NY 10018-0862.
Alfred Adler Institute, 159 North Dearborn Street, Chicago, IL 60601.
American Lung Association, 128 Sewall St., Augusta, ME 04330 (207) 622-6394.
Center for Youth Development and Research. University of Minnesota, 304 Walter Library, Minneapolis, MN 55455.
COA Review — The Newsletter About Children of Alcoholics. Thomas N. Perrin, Inc., P.O. Box 423 Rutherford, NJ 07070.
Community Intervention for People Concerned About Alcohol and Drug Problems. Community Intervention, Inc., Suite 570, 529 South 7th Street, Minneapolis, MN 55415.
CompCare Publications, 2415 Annapolis Lane, Minneapolis, MN 55441.
Hazelden Educational Services, Box 176, Center City, MN 55012.
Institute for Rational-Emotive Therapy, 45 East 65th St., New York, NY 10021.

APPENDIX L

Division of Alcohol and Drug Education Services Resource Material

Chemical Dependency Prevention and Education Audiovisual Catalog. Division of Alcohol and Drug Education Services, 1987.

Elements of a Comprehensive School Based Chemical Health Prevention Program. Division of Alcohol and Drug Education Services, March, 1986.

Guidelines for Assisting Athletes With Alcohol and Other Drug Problems. Division of Alcohol and Drug Education Services, June, 1988.

Guidelines for Developing Chemical Health Policies and Procedures. Prepared by Bruce Spang. November, 1987.

Guidelines for Planning and Conducting Student Awareness Programs. Prepared by Bruce Spang. February, 1988.

Non-Clinical Assessment Packet. Division of Alcohol and Drug Education Services, May, 1986.

SUGGESTED READING

Adolescent Chemical Dependency:

Alibrandi, Tom. *Young Alcoholics.* Minneapolis, MN: CompCare Publishers, 1978.

Forest, Gary G. *How to Cope with a Teenage Drinker.* New York, NY: Atheneum, 1983.

Schaefer, Dick. *Choices and Consequences: What to Do When a Teenager Uses Alcohol/Drugs: A Step-by-step System That Really Works.* Minneapolis, MN: Johnson Institute, 1987.

Adolescent Development:

Elkind, David. *All Grown Up and No Place to Go.* New York, NY: Addison-Wesley, 1984.

Gould, Shirley.*Teenagers: The Continuing Challenge.* New York, NY: Hawthorn Books, 1977.

Kegan, Robert. *The Evolving Self: Problem and Process in Human Development.* Cambridge, MA: Harvard University Press, 1982.

Konopka, Gisela. *The Adolescent Girl in Conflict.* Englewood Cliffs, NJ: Prentice-Hall, 1966.

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Manaster, Guy. *Adolescent Development and Life Tasks,* Boston, MA: Allyn and Dacon, Inc., 1972.

Selman, Robert. *The Growth of Interpersonal Understanding.* New York, NY: Academic Press, 1980.

Walton, Francis X., and Robert L. Powers. *Winning Teenagers Over in Home and School: A School Manual for Parents, Teachers, Counselors, and Principals.* Chicago, IL: Practical Psychology Associate, 1974.

Adolescent Literature on Chemical Dependency:

Donlan, Joan. *I Never Saw the Sun Rise: The Private Diary of a Fifteen-Year-Old Recovering From Drugs and Alcohol.* Minneapolis, MN: CompCare Publishers, 1977.

Scoppettone, Sandra. *The Late Great Me.* New York, NY: Bantam Book, 1976.

Seixas, Judith. *Living With a Parent Who Drinks Too Much.* New York, NY: Greenwillow Books, 1979.

Snyder, Anne. *My Name Is Davy, I'm An Alcoholic.* New York, NY: Signet Book, 1977.

Chemical Dependency Assistance Programs:

Anderson, Gary L. *The Student Assistance Program: An Overview.* Madison, WI: Bureau of Alcohol and Other Drugs, 1979.

—— *When Chemicals Come to School: The Students' Assistance Program Model.* Greenfield, MA: Community Recovery Press, 1987.

Griffin, Tom, and Roger Svendsen. *The Student Assistance Program: How It Works.* Center City, MN: Hazelden Educational Services, 1980.

Manning, William O., and Jean Vinton. *Harmfully Involved.* Center City, MN: Hazelden Educational Services, 1978.

Muldoon, Joseph A., and James F. Crowley. *One Step Ahead: Early Intervention for Adolescent Drug Problems.* Minneapolis, MN: Community Intervention, Inc., 1986.

Concerned Persons Group:

Ackerman, Robert J. *Children of Alcoholics: A Guidebook for Educators, Therapists and Parents.* Holmes Beach, FL: Learning Publications, 1978.

Black, Claudia. *"My Dad Loves Me, My Dad Has a Disease."* Newport Beach, CA: Alcoholism Children Therapy, 1979.

—— *The Guide: "Children of Denial."* Newport Beach, California: A.C.T., 1983.

——*It Will Never Happen To Me! Children of Alcoholics as Youngsters, Adolescents and Adults.* Denver: M.A.C., 1981.

Goldberg, Laurie A., et. al. *Counseling Activities for Children of Alcoholics.* Tallahassee, FL: Apalachee Community Mental Health Services, Inc., 1983.

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Cooperative Learning:

Johnson, D. W. *Reaching Out: Interpersonal Effectiveness and Self-Actualization.* 3rd ed. Englewood Cliffs, NJ: Prentice-Hall, 1986.

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Wegscheider, Sharon. *Another Chance: Hope and Health for the Alcoholic Family.* Palo Alto, CA: Science and Behavior Books, 1981.

Helping Skills Training:

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Gorski, Terrance T., and Merlene Miller. *Counseling for Relapse Prevention.* Independence, Mo: Herald House — Independence Press, 1982.

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Strategies for Running Adolescent Groups:

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Dinkmeyer, Don, Gary D. McKay, and Don Dinkmeyer, Jr. *Systematic Training for Effective Teaching.* Circle Pines, MN: American Guidance Service, 1980.

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Kurtz, Ernest. *Shame and Guilt: Characteristics of Dependency Cycle.* Center City, MN: Hazelden Educational Services, 1981.

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Tobacco Addiction:

Anderson, Michael D., and Gregory J. Morosco. *School-based Opportunities for Tobacco Use Intervention.* U.S. Department of Health and Human Services, September, 1987.

Schnike, S. P., L. D. Gilchrist, and R. F. Schilling, II, et. al. "Skills Methods to Prevent Smoking." Health Education Quarterly, 13(1):23-27, Spring, 1986.

For Additional Information
Please Contact:

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Augusta, ME 04333

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